

City of Wylie Employment Application 2000 Hwy 78N, Wylie TX 75098 www.wylietexas.gov

Position desired	Today's Date			
Please <u>neatly</u> print or type all information. Omissions and/or false information are cause for rejection or dismissal.				
Name (Last, First, M	II)			
Email Address				
Address	Apt # City, State, Zip			
Home Telephone		Alternate Phone		
· ·	SSN* Do you have a valid Texas Driver's License? Year Expires			
Driver's License Nu	mber	Class C	DL Yes No	State
Have you ever filled	out an employment application	with the City of Wylie in	the past? Yes \square	No 🗖
Did you receive an in	nterview? Yes \(\Boxed{\sigma} \) No \(\Boxed{\sigma} \)	If yes, with whom?		
	1 11 1 6 6 6 6 7 7 1 1			
	employed by the City of Wylie		moto Doto	
Position/Title		Approx.		
Do you have any frie	ends or relatives currently work	ing for the City of Wylie?	□Friend(s) □Rela	tive(s) No \square
,	Do you have any friends or relatives currently working for the City of Wylie?			
	d college transcript(s) may be re			
Circle the highest grade completed: Grade School High School College Graduate School				
Type of Education	School or Agency Name and Address	Major/Minor Field Area of Study	Diploma, Degree or # of Hours	Year Degree or Diploma Obtained
High School Diploma/GED				
College				
Graduate School				
Vocational or				
Other				
	(including software skills, equi e number) that you possess that u are applying.			
· 				

Employment History

List all jobs (including military service) beginning with your most recent employer. Do not omit any employment, whether pertinent to the position applying for or not. Do not reference resume. Attach additional sheets if necessary.

Employer			To
Address			
Telephone	Supervisor		
Position			
Duties			
Full time Part Time			
Reason for leaving			
If still employed, may we contact	this employer?		
Employer			
Address			10
Telephone	Supervisor		
Position			
Duties			
Full time Part Time			
Reason for leaving			
Employer			То
Address			
Telephone	Supervisor		
Position		Ending Salary	
Duties			
Full time Part Time			
Reason for leaving			
Employer			
Address		110m	
Telephone	Supervisor		
Position			
Duties			
Full time ☐ Part Time ☐			
Reason for leaving			
Employer		From	То
Address Telephone	Supervisor		
Position	Supervisor	Ending Salary	
Duties			
Full time ☐ Part Time ☐			
Reason for leaving			
Have you served in the Armed For	ces or National Guard of the U	Jnited States?	Branch?
Dates of Service: to	Rank at Discharge_	Type of Discl	narge

Have you been convicted, received probation or defe	erred adjudication when charged with a felony?
If "yes", date/ City/State	
ChargeDisp	oosition
- 100	(Punishment/Sentence)
	ness References
Please list <u>only</u> individuals with whom you have <u>wo</u>	rked at any position and who can attest to your work history,
Name Telephone Number(s)	Relationship
	Relationship
	Relationship
I have reviewed the minimum qualifications fo	or the position for which I am applying. I am aware that this unless an exception under the Texas Public Information Act
I understand and agree that my employment is period of time, and that wages, benefits and job	"at-will" and tenure with the City of Wylie is for no definite conditions can be changed at any time. I also understand that re expressly disavowed and should not be relied upon by any
knowledge and are made by me in good faith. facts in this application (or any information I have for my dismissal. I authorize investigation of educational history and contact with reference	application are true, complete and correct to the best of my I understand that any misstatement or omission of material ave submitted) may be cause for rejection of this application of my work history, driving and credit records if necessary, es and previous employers. I understand that any offer of a reference and background check and a post-offer medical
I hereby release, indemnify and hold harmless receiving records and information about me.	any government entity, employer and person furnishing or

RETURN COMPLETED APPLICATIONS TO:
Human Resources Department
City of Wylie
2000 Hwy 78N

Applicant Signature_______Date _____

Wylie, Texas 75098



AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION AND DRUG TESTS

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the City of Wylie and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the City of Wylie and/or its representatives. I also hereby release from liability and hold harmless the City of Wylie, Texas, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the City of Wylie and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the City of Wylie all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

I hereby authorize the City of Wylie and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the City of Wylie all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Wylie for the sole purpose of employment-related matters.

Applicant's Printed I	Name			
	Last	First	Middle	
Applicant's Signature			Date	
PARENT OR GUAF (If applicant is under	RDIAN SIGNATURE			



EMPLOYMENT STATISTICS INFORMATION

POSITION APPLYING FOR:	
DATE:	
of race, color, sex, religion, national origin. This information will be used for ap	discriminate in its employment or personnel practices on the basis, age, or disability. Sophicant tracking (employment statistics) purposes only and rvisor or affect the selection decision. Providing this
Birth date: / /	
Check the Appropriate Response:	
1. Sex Male	Female
2. Ethnicity: White	Black Hispanic
American Indian or Alaskan Native	Asian or Pacific Islander
3. Military Reserve or Veteran:	_ Yes No
How did you learn about this position? (Ch	neck One)
Recruiting Agency Friend Employee (Indicate whom) Walk-in Job Line Newspaper Ad (Indicate Paper) Journal Ad (Indicate Journal) Other (Please Specify)	